

# Personally Speaking

All About People

Volume 2, Issue 5

DIVISION OF MENTAL RETARDATION SERVICES

December 2007

T E N N E S S E E

**DMRS**

*All About People*

[www.state.tn.us/dmrs](http://www.state.tn.us/dmrs)

**Merry Christmas**

**Open Wide!**

- The Budget
- Town Hall Highlights
- Linan Leaving Legacy
- Home Sweet Home
- Saddle Up!

**From the Desk of Deputy Commissioner Stephen H. Norris****The DMRS Budget**

A Message from Deputy Commissioner Stephen H. Norris

Two weeks ago I made a very difficult decision, one that has been unsettling to many people. For this fiscal year DMRS budgeted \$209 per day for services for Tennesseans with mental retardation in our Home and Community-based Services Waiver. The current cost is \$233, which makes our state the third highest in service cost in the nation, behind Delaware and Maine.

I had to address the deficit immediately. In the past there have been available funds to relieve any shortfalls. However, presently state revenues are approximately \$120 million below projections, thus there was no flexibility. My short-term response was to trim our provider agency rate payment 5.7% for the month of October. As we move forward we will examine month to month and make the required adjustments.

Our providers' and other stakeholders' reaction was immediate and their feelings have resonated across the state. I understand their unhappiness and I have discussed the situation with many of them and will continue an open line of communication.

The operation of our Division is predicated on the amount of dollars allocated to us by the state legislature. Those of us who oversee state agencies must be good stewards with the taxpayer's funds. The budget is the budget and we have to live within it. I am not cutting the budget, but working to get it to its intended level.

In October we implemented the DMRS Cost Review Initiative to assess how best to meet the needs of the persons we support,

in the most cost-effective manner. This is an expansive review of our entire system of operation. We fully expect this effort to prove fruitful and produce positive results.

Let me make this perfectly clear, nothing is more important than the health and safety of our service recipients. Our preferred methodology in affecting cost reduction is to examine each person's cost plan to make sure his or her needs are being met. We are working with our provider community in this manner.

Within DMRS I have implemented several directives to curtail expenditures. It is simply not appropriate for me to ask our provider agencies to absorb cost reductions without the Division tightening its belt. I have instructed our regional directors and developmental center chief officers to submit a plan by January 11th for the reduction of expenses equal to 5% of total annual operations. The central office has the same requirements.

A hiring freeze is in effect, save for positions mandated by court order or specifically related to the daily care of our service recipients. Also in effect is a travel freeze, only in-state travel and only for the Division to carry out its mission and mandates. Purchasing is restricted to the goods and services necessary for carrying out our mission and mandates and for the wellbeing of those persons in our care.

Rest assured none of the decisions I have made over the past few weeks have been taken lightly. As you know, since taking office three-and-a-half years ago my policy has been to solicit input and feedback from our stakeholders and include them extensively in the operation of DMRS. We have made tremendous strides in strengthening the Division, improving services and enhancing the lives of the persons we support.

These are challenging times. It is vitally important that DMRS and our stakeholders work together in sustaining a service delivery system responsive to the needs of persons with intellectual disabilities. I am confident we will strengthen our partnership and find solutions for decreasing the cost of service provision without sacrificing quality.

I would like to extend the warmest wishes to everyone for a safe and happy holiday season. Thank you to DMRS employees and all our stakeholders for the hard work the past 12 months. I look forward to the coming year in working with you in resolving our issues and continuing our progress.

Sincerely,

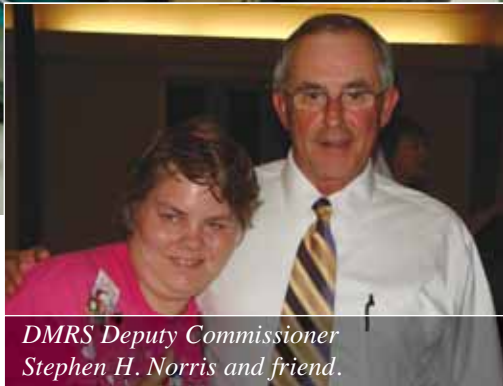
Stephen H. Norris  
DMRS Deputy Commissioner



# 2007 Town Hall Tour Tops All Others High Attendance and New Format Mark Meetings



*Chattanooga town hall.*



*DMRS Deputy Commissioner Stephen H. Norris and friend.*



*Rep. Vince Dean speaks to a reporter.*



*DMRS' Susan Moss assists parents.*

**Y**ear after year the annual DMRS town hall gatherings improve and progress. This year's tour with stops in Nashville, Shelbyville, Memphis, Jackson, Chattanooga, Winchester, Kingsport and Knoxville surpassed 700 people for the first time.

Co-hosted by DMRS and The Arc of Tennessee, DMRS Deputy Commissioner Stephen H. Norris elected to alter the format, changing from a PowerPoint presentation and question and answer session to a panel of DMRS officials interacting with the audience.

The DMRS Waiting List, the subject of one of the Division's three lawsuits, was of high interest. Since January 2005 DMRS has enrolled 2,400 persons into services. Currently the waiting list numbers 6,000 and the Division brings in approximately 50 persons a month. Tennessee Protection and Advocacy, which filed the lawsuit on behalf of the persons on the waiting list, wants the number admitted to be higher.

*cont. next page*



*DMRS' Dr. Lewis Moore, Debbie Payne, Dr. Larry Latham, DSPAT's Earl Foxx and DMRS' Kathleen Clinton.*



## Town Hall Meetings...cont.

"I understand everyone's concern and we are completely focused on this situation," says Norris. "There are two things working here. We have to work within our budget and you can only grow the system so fast. The health and safety of the persons we serve is most important. I can not and will not overload and endanger anyone. The network and supports have to be there."



DMRS' Barbara Charlet and husband Jim.



DMRS' Laura Doutré discusses business.

Another subject discussed extensively was services for persons with disabilities other than mental retardation. Data indicate there are nearly 40,000 Tennesseans in this category, which can include autism, cerebral palsy, spina bifida and head and spinal cord injuries. A task force completed a study in the spring with recommendations for \$2.3 million allocated for fiscal year 2008-2009 and \$2 million more in fiscal year 2010. The plan involves the development of a Medicaid Waiver program.

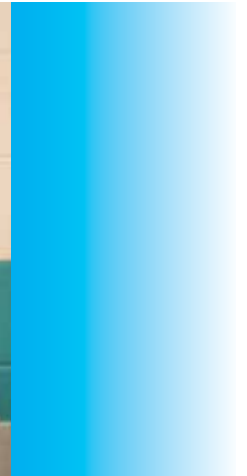
Norris and members of his staff also visited provider agencies, toured facilities, spoke with persons with intellectual disabilities and their direct support staff, agency management staff and members of agency board of directors.



DMRS Deputy Commissioner Stephen H. Norris and Representative George Fraley.

"Once again the town hall meetings proved to be very fruitful," said Norris. "I appreciated the families attending and sharing their problems, thoughts and concerns. You can't place a value on open dialogue. Working together facilitates solutions to our problems." ■

## Stakeholders provide input and voice concerns





# Home Sweet Home

If home is where the heart is, then the door on Charles Hall's new house swings open to a lot of warmth and caring. Charles has an intellectual disability, but for a long time he dreamed of owning a home. Year after year that dream seemed far from ever becoming a reality. Never say never.

Enter Leticia Dismukes, Charles' individual support coordinator and current advocate. She started the process on becoming a Habitat for Humanity (HfH) recipient. Following a lengthy application process and two years from idea conception, Charles was interviewed by HfH. To the surprise of no one, he aced the interview and was approved for a home in August. Construction started in early September and work was completed at the end of October.

"When Charles cut the ribbon to his brand new home it was a wonderful thing," said Mid-TN Supported Living's Sharon Lee,



**Dream Becomes Reality**

had a lot of sweat equity in classes, learning the basics of being a homeowner.

who is also Charles' team leader. "The smile on his face was priceless. He is a very special person, involved in so many things and a friend to everyone. There was no shortage of help in making this project a reality."

A matter of fact, many days during the building of the home there were so many volunteers, aid was given to other recipients on their houses. Charles, Dismukes and Lee



Charles has become a role model for his community, showing not only is it possible to attain your goals, but to live the American Dream! ■

## Riding for a Reason

For Buffalo River Services, one of DMRS' providers, "Saddle Up" carries a lot of meaning. For the last four years, every fall, on the average of 75 riders mount their horses to raise funds for the agency. It is called the Buffalo River Services Benefit Trail Ride and it is sponsored by the Waynesboro Rotary Club.

The club works in collaboration with the Buffalo River Trail Ride, a local business. The event has been a strong success and continues to grow each year. Each person makes a donation and then they and their horses take a guided tour around the trail ride property – 400 acres of woods and hills.



*Trail ride participants.*

# Preserving History

## Clover Bottom Superintendent's Home Turned Into DMRS Offices

**D**MRS needed office space. Why pay high rent in downtown Nashville when you have a facility that just needs some sprucing up? Not only that, what if it would preserve a part of the Division's history?

Near the entrance to Clover Bottom Developmental Center rests the old superintendent's home. Built in the early 1920s as part of the Tennessee Home and Training School for Feeble-minded Persons, the last occupant was in the 1980s. Since then it has been used for program space, and temporary quarters when DMRS took in two New Orleans provider agencies following Hurricane Katrina. A few months ago it was vacant and in disrepair.

DMRS Assistant Commissioner Fred Hix is the Division's financially prudent money manager. The estimated cost of refurbishing the house was in the neighborhood of \$150,000. The final tally will be under \$20,000.



*Old Clover Bottom superintendent's house.*

DMRS utilized "the do-it-yourself" approach in remodeling the house. Headed by Littlefield, who managed the project, the group did much of the cosmetic work themselves. Also assisting were inmates from the Charles Bass Correctional Facility in Nashville. The savings have been enormous.

"No one could have done this work as cheaply as what we have done so far," said Littlefield. "To repair and refurbish the floors it was going to cost \$6,500; we did it ourselves for \$300. Clint has a contracting background and that has proved to be invaluable."

"Locating to Clover Bottom was an extremely practical suggestion," said Dr. Latham. "Our work is here, we're trying to bring Clover Bottom into compliance with the lawsuit; this is where we need to be. Also, we have a conference room that can hold small to medium gatherings and it is open to anyone at DMRS. Accessibility is ideal as we are easier to get to and you don't have the parking problems of downtown."



*L to R: DMRS' Clint Brewer, Dr. Larry Latham and Merlin Littlefield.*

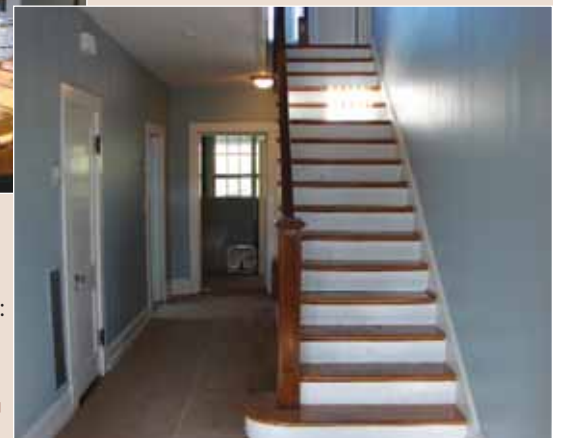
"I needed office space and after reviewing all the options, fixing up the superintendent's house was, financially, the best course of action," said Hix. "Clover Bottom is a valuable state asset and I think it's good when you can retain the historical significance of the buildings out there. This was the perfect opportunity."

Occupying the residence are DMRS Assistant Commissioner for Facility Services Dr. Larry Latham, DMRS Director for Facility Compliance Paula McHenry, DMRS Director of Risk Management Curtis Nolan, DMRS From the Heart program Director Merlin Littlefield and From the Heart Development Director Clint Brewer.

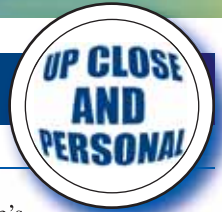
You can add a blanket title to all their fancy ones: Construction Crew.



A problem of need and a nice solution. DMRS: Preserving history and saving dollars. ■







# Imagine Working One Place for 50 Years!

## Jack Linan Leaving Legacy at Clover Bottom

1957 Ike was starting his second term as president. The Soviet Union launched Sputnik, the first satellite. People scampered to the theaters to see "Old Yeller." "Everyone left it to Beaver" and Elvis was in his heyday, rockin' and rollin' and causing young girls to swoon.

And Jack Linan started working at Clover Bottom.

He was one of seven brothers and sisters living in Waynesboro, farming and doing sawmill work. Then one night a friend, an employee at Clover Bottom, drove down from Nashville and "kidnapped" him, taking him back to help out at the facility temporarily. He's been helping out ever since.

"Next morning if I'd known how to get home, I'd left," said Linan. "But I hung around and pretty soon they offered me a job permanently. By then I had settled down and I figured I had to work somewhere. I liked what I was doing and people were nice."

Easy to see why he stuck around. It was a perfect match. Jack is nice too. Tall and fit, looking much younger than his 71 years, he is quiet, but warm and affable. Sherlock Holmes, in his day, couldn't have found anyone to say one negative thing about him.

You're probably getting the picture here; Jack is someone special. He's dedicated, anytime there's snow he does a rapid deployment. If it's at night, by sunup the Clover Bottom streets are clear. A supervisor, he has worked the past 15 years on the grounds crew. Over these 50 years he's driven an ambulance, worked in maintenance and farmed. Farmed?

"A long time ago we had a farm. We had corn, beans, okra – all the vegetables; wheat; pigs; cows; we had a dairy barn, we were self-sufficient," said Linan. "Our residents would work in the fields all day; get up at three in the morning to go milk. They enjoyed it."

"Iron Man" Jack once worked 26 years without taking a sick day. The run was broken when he developed a severe flu and was too weak to stop his family from keeping him home and lugging



Jack and Clover Bottom Facilities Supervisor Andrew Pye.



Jack and wife Jimmie.



him to the doctor. He's forced to take vacations. "Every now and then I might take off to go rabbit hunting or do a chore around the house."

It's not that he's a driven workaholic. Jack just likes to work – at Clover Bottom.

"Jack is remarkable, I've worked with him for 15 years and I've never seen him without a smile," said Clover Bottom Facilities Supervisor Andrew Pye. "He'll do anything and outwork anybody. "Like when it snows, I've seen him stay out here 16 or 17 hours. I tell him, 'Let's go

home,' but he won't go. I'll say, 'Ok, stay as long as you want, but you're not going to kill me.'"

"This is one of those once-in-a-lifetime stories," said Clover Bottom Chief Officer Levi Harris. "The longevity is remarkable and he has every good quality you'd want in an employee. Of course you're proud of him, but also kind of in awe. We have a lot of good people out here, but Jack is in a class by himself."

Jack talks about making a lot of friends over the years and the camaraderie. He likens his co-workers to family. Actually, it's been kind of like "All in the Family," for Jack. His wife, Jimmie, worked at Clover Bottom for nearly 38 years as a technician, but they didn't meet at the facility. Jack was visiting home once and met her. They've been married 40 years; have seven children and 14 grandchildren. Three of his children have worked at Clover Bottom and one is still there.

"He just keeps working, I can't get him to quit," said Jimmie. "I knew I wouldn't outlast him. After 38 years I was ready to step back. Jack just has to do something all the time. I support him, he likes his job and that makes him happy."

Jack attributes his good health and fitness to the Lord and staying busy. Since he's still going strong, how much longer before he plans to retire?

"I don't know, whenever I get the 'notion I guess. Whenever I feel like it's time."

Needless to say, Clover Bottom hopes it's a long one. ■

## Medical Message

*Dr. Adadot Hayes, M.D., DMRS Medical Director*

### **Seizures: A Common Problem in Persons with Mental Retardation**

**S**eizures, defined as “uncontrolled electrical activity in the brain which may produce a physical convulsion, minor physical signs, thought disturbances or a combination” are very common in people with mental retardation. This makes sense since mental retardation is a problem in the brain and so are seizures.

There are many causes of a seizure – low blood sugar, fever, infection, toxins, abnormal electrolytes—and anyone can have one in these situations. When the seizure occurs more than once and there is no treatable cause, we call it epilepsy. Less than one percent of the typical population has a diagnosis of epilepsy, but it occurs in 20 to 40% of people with mental retardation and more likely in persons with identifiable brain abnormalities, cerebral palsy and lower functioning levels.

Hippocrates wrote the first book on seizures in 400 B.C, refuting the idea that seizures are a curse or prophetic power, misconceptions which have occurred throughout history. It was not, however, until the late 19th century that English neurologists began to formally attempt to treat the disorder. The first medication used was Luminol (Phenobarbital) which was developed in 1912, less than a hundred years ago. The EEG was first used in 1929 for diagnostic purposes and Dilantin (Phenytoin) was developed in 1939.

Although Phenobarbital and Dilantin were the first medications effective in treating seizures, for the most part, they are considered to be outmoded forms of treatment and have significant side effects in people with mental retardation. Medicare and Medicaid no longer cover Phenobarbital for payment. Unfortunately, there are many people with mental retardation who are still being treated with these medications and



*Dr. Adadot Hayes, M.D.  
DMRS Medical Director*

have not been offered the new medications or other treatments. (There are now about 20 medications available to treat seizures and other procedures available).

Witnessing, for the first time, someone having a seizure can be very scary even when someone might be expecting it. Even scarier, is what to do. For the most part, except for protecting the person, the best thing to do is to do nothing and let the seizure end by itself. This includes NOT putting anything in the mouth which usually leads to injury – it is impossible to swallow one's own tongue.

Seizures lasting a long time (when someone is having a seizure a short time feels like hours so it's wise to look at a watch) can lead to “status epilepticus” and are a medical emergency. Injuries – vomiting and aspirating, hitting something and causing injury, drowning if in water – can be caused by seizures. On the other hand, people's lives should not be unduly restricted just because “they might have a seizure.”

How are seizures treated? The first step is an accurate diagnosis. There are several types of seizures (old terms are “grand mal, petit mal”; new terms are generalized or partial) and everyone should have their seizures defined. A diagnosis of “seizures” is inaccurate and not acceptable. The reason an accurate diagnosis is important is not academic; medications are picked based on the type of seizure.

People are started on an appropriate medication and followed closely. If a medication is given a good trial and does not control the seizures, another medication should be used. About 90% of people will have seizure control after a trial of three medications. Those who still have seizures are considered refractory (Have uncontrolled seizures). These individuals should be considered for other procedures. Having mental retardation should NOT be a barrier to these other treatments.

Other treatments include surgery which may actually “cure” the seizures and use of a vagal nerve stimulator (VNS). VNS is a fairly new treatment involving attaching a stimulator (the generator is a small device about the size of a fifty cent piece placed under the skin on the chest) to a nerve (vagal) in the neck which transmits pulses to the brain. We do not know exactly how it works, but it has been proven to decrease both the amount and severity of seizures. It does not usually result in the ability to discontinue all medications but it markedly improves overall seizure control. In addition, it has some nice side effects of improved alertness and decreased depression.

Any time someone is treated with anti-epileptic medications (AEDs) they require regular follow-up. This can be done by a neurologist (epileptologist) or their regular doctor if they are fairly stable and have an accurate picture of their seizure problem. Follow-up includes evaluating the number and severity of seizures which requires understanding and partnership of caretakers. It also includes following for side effects of AEDs which range from annoying to life threatening.

All caretakers for anyone with a seizure disorder should fully understand the possible side effects of the AEDs a person is taking and how to look for them. (A nonverbal person can not relate symptoms of dizziness, double vision or nausea, but may show outward signs of these inner symptoms). One of the most common and often overlooked is the risk of osteoporosis and fractures in people who have been taking Dilantin and/or Phenobarbital for a long time. Also, Dilantin suspension (because it cannot be adequately shaken) should NOT



## Vanderbilt Named Autism Treatment Network Site



**VANDERBILT KENNEDY CENTER**  
FOR EXCELLENCE IN DEVELOPMENTAL DISABILITIES

The nation's leading autism advocacy organization is funding Vanderbilt University Medical Center to become one of a handful of nationwide Autism Treatment Network (ATN) sites – a new and prestigious designation in the field of autism treatment and research.

Autism Speaks approved \$450,000 over three years for Vanderbilt as part of its expansion from five sites to 15 sites across the United States and Canada. ATN treatment and research centers are dedicated to improving medical care for children and adolescents with autism.

"Being part of the national Autism Treatment Network will facilitate our naturally collaborative nature in the medical center to bring the highest level of care across medical disciplines for children with autism and their families," said Pat Levitt, Ph.D., director of the Vanderbilt Kennedy Center for Research on Human Development (VKC) and The Annette Schaffer Eskind Chair. "We expect that our initiative will help families and their continuing struggles with the medical and behavioral complexities of autism."



Participating institutions benefit from access to standardized protocols and assessments, a national database, and a community of autism physicians and empirically derived treatment practices.

Vanderbilt will also have the ability to submit research proposals via the ATN database, the highest quality data collection on well-characterized individuals across a variety of disciplines, and the latest treatment practice parameters.

The original ATN institutions are Columbia University, University of Washington, Baylor College of Medicine, Oregon Health Sciences University, and Massachusetts General Hospital-LADDERS.

"Developing common standards of medical care across fifteen sites will allow us to get answers to the questions parents ask about their children's care much more quickly," said James Perrin, M.D., director of ATN's Clinical Coordinating Center and of General Pediatrics for Massachusetts General Hospital for Children.

Principal investigators for Vanderbilt are Wendy

*cont. page 12*

### Medical Message...cont

be used. Another form (crushed or sprinkled) should be used in individuals with feeding tubes.

Trickier side effects to monitor and, unfortunately common in people with mental retardation, are behavior side effects. This is particularly a problem when a psychiatrist is treating the behavior and the neurologist is not aware. The most offending behavioral side effects in this population are hyperactivity caused by Phenobarbital (40% per cent), agitation caused by Keppra (Leviracetam – 10 to 15% of people with MR) and a variety of problems associated with benzodiazepine (Ativan, Clonazepam) use. It is also well known that long term presence of epilepsy predisposes a person to depression (not related to medication side effects) and this should be looked for in persons with a longstanding seizure disorder.

Other problems requiring close relationship with the pharmacist are problems caused by use of generics, which are often required by insurance plans for cost savings. Although generics must have the same active ingredient, other ingredients used in manufacturing may affect absorption and distribution of the main medication. This may wreak havoc with seizure control.

There are other significant issues which should periodically be considered. Current best practices for seizure treatment has shown that fewer AEDs control seizures better (and obviously have the potential for fewer side effects). Studies have proven that most people with mental retardation on multiple AEDs do better with fewer AEDs – no more than one or two. This population appears to do the best on one or two of the newer AEDs. Of course, this is a medical decision and there may be exceptions.

Another issue is whether or not AEDs should be stopped if someone is seizure

free. This is also a medical decision and there are no "rules" about this. These decisions are made after a careful evaluation and are made based on the persons past medical history and neurological pathology by a neurologist along with the conservator or patient.

Optimum treatment for a person with epilepsy involves balancing three areas: Seizure control, treatment side effects and quality of life. These segments may be looked at differently by different people (Complete seizure control with significant sedation side effects doesn't leave much room for enjoying a day at the park). Long-term seizures and their treatment have significant effects on people's lives. Therefore it is imperative that all these issues are continuously discussed by people who know the person being treated and have his/her holistic welfare in mind. Optimum treatment for optimum results involves continuous re-evaluation. ■

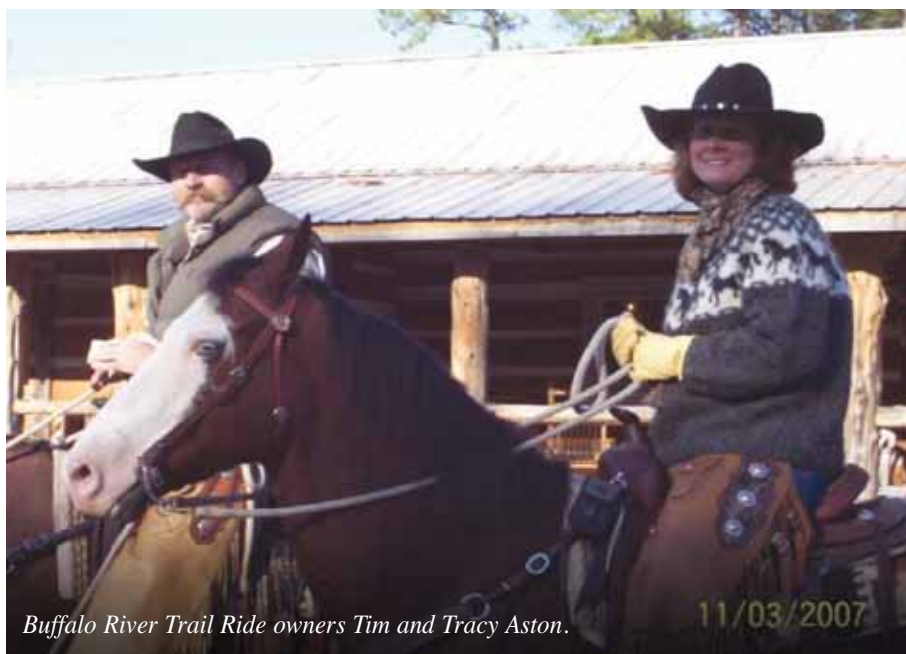
## Trail Ride . . . cont.

Following the ride everyone gathers for a lunch catered by a local diner.

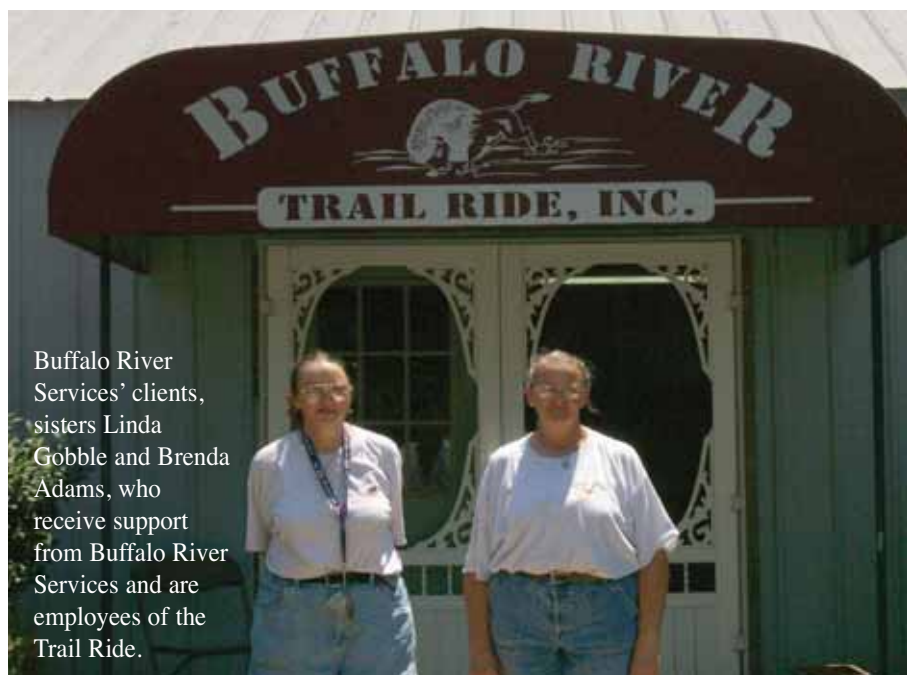
“Thank you does not seem good enough for the Waynesboro Rotary Club and the Buffalo River Trail Ride Corporation,” said Buffalo River Services Executive Director Phil Garner. “The encouragement and support they show our agency and the people we serve is truly

amazing. Their kindness is uplifting and motivational and we are very grateful.”

Some of the persons Buffalo River supports work the event and in the summer many of them are employed full time by the trail ride. The business, with hundreds of campsites, barns with over 400 stalls for horses and a small store, attracts up to 3,000 tourists to Wayne County each year. ■



Buffalo River Trail Ride owners Tim and Tracy Aston.



Buffalo River Services' clients, sisters Linda Gobble and Brenda Adams, who receive support from Buffalo River Services and are employees of the Trail Ride.

## New DMRS Regional Satellite Office

An open house was held recently in Greeneville for the new DMRS regional satellite office. Around 60 persons attended the event, including State Representative David Hawk. The facility was a long time in coming and provides the staff a much improved work environment.



DMRS' new Greeneville satellite office.



(L to R) DMRS' Phyllis Cassell and Janet Kinley and friends.



Representative David Hawk.



# F • R • I • E • N • D • S



## Vanderbilt Kennedy Center Announces Research Family Partners

The Vanderbilt Kennedy Center for Research on Human Development (VKC) now provides the opportunity for individuals or families who have children with or without disabilities to register online as a Research Family Partner at [www.kc.vanderbilt.edu/rfp](http://www.kc.vanderbilt.edu/rfp). Research Family Partners are notified about any VKC research study that might be a good fit for that family or individual.

The program supplements the StudyFinder searchable database, already operational on the VKC website. StudyFinder allows families to obtain descriptions of studies and contact information for the projects. The Research Family Partners database takes the legwork out of the process for families, allowing the studies' coordinators to find and contact them.

Lynnette Henderson, VKC Research Participant Recruitment Coordinator, says, "The key to being successful in a program like this is to think about it from the family's point of view. There is always a danger that we lose touch with people who could take advantage of the programs that we offer. With this system now in place, there is less of a chance that will happen."

When registering, families can provide

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TENNESSEE  
DISABILITY  
COALITION

Each January marks not just the beginning of a new year, but a fresh legislative session in Nashville. As always, it is important for the disability community to be heard throughout the session through phone calls and letters to legislators as well as participating in events such as Disability Days on the Hill (a joint project of the Coalition and the Arc of Tennessee).

Due to the nature of politics it is difficult to predict the burning issues of any session. However, we can safely assume that at least a few issues will be addressed this spring.

First, the General Assembly will consider legislation that could harm tens of thousands of Tennesseans with private health insurance. The legislation (SB1319 / HB1726) would remove requirements that health insurers provide coverage for a variety of conditions, including Autism. It is very close to passage in the Senate and still going through committees in the House. If the legislation becomes law, then insurers would no longer be required to provide services such as:

- Coverage for newborns
- Cancer screenings
- Coverage required by the Autism Equity Act
- Pregnancy and maternity benefits
- PKU treatment
- and much more

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# The Arc



Disability Days On The Hill

**The Arc of Tennessee and the Tennessee Disability Coalition are co-sponsoring Disability Days on the Hill. The following Wednesdays have been designated for regions to come to the Legislative Plaza in Nashville:**

**February 27, 2008 West Tennessee**  
**March 5, 2008 Middle Tennessee**  
**March 12, 2008 East Tennessee**

All people with disabilities and their families are invited to meet with their state senators and representatives to discuss concerns and issues that affect them. Disability organizations will have exhibits and there will be informational packets and talking point sheets available to help familiarize participants with the latest policy initiatives.

It's time to get involved! Mark your calendar and start making your plans to come to Nashville today! Make appointments to meet with senators and representatives on the day designated for your region of the state! Let them know what issues are important and how their decisions affect your life!

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## Vanderbilt...cont.

contact and descriptive information and decide how often the VKC may contact them. The easy-to-use system allows families to learn about research opportunities that could provide direct benefits, for example, assessment or intervention, or provide valuable insights into the scientific community and the disability community.

For information on Vanderbilt Kennedy Research Family Partners contact Lynnette Henderson, (615) 936-0448, [lynnette.henderson@vanderbilt.edu](mailto:lynnette.henderson@vanderbilt.edu). ■

### Vanderbilt Named Autism Treatment Network Site...cont.

Stone, Ph.D., director of VKC's Treatment and Research Institute for Autism Spectrum Disorders (TRIAD) and Beth Malow, M.D., director of the Vanderbilt Sleep Disorders Center.

"Not only will the ATN offer a valuable service to families in our community, but it also will be instrumental in developing evidence-based assessment and treatment protocols that will accelerate our understanding of autism and its medical management," Stone said.

ATN sites provide patients and families with access to a team of specialists that span the medical campus.

"The ATN will bring together talented individuals from many disciplines – psychology, pediatrics, psychiatry, neurology and others – who share the common goal of creating standards of care for the diagnosis and treatment of children with autism spectrum disorders," said Malow, an associate professor of neurology and VKC investigator.

"I am very excited to be part of this mission and to see our Vanderbilt ATN site grow and develop." ■

## TDC ...cont.

Second, we anticipate a second attempt to reform the use of restraint and seclusion in school. Often parents never know that a child has been restrained or locked into a quiet room, much less given informed consent to such treatment. Proposed legislation would likely emphasize positive behavioral supports while limiting or excluding the use of restraint or seclusion in the schools. Other states have already tackled this issue, in part, because of deaths and injuries to students. Now is the time for Tennessee to also step up and reform its practices. For more information about the status of this legislation, contact the Arc of Tennessee at 800-835-7077 or 615-248-5878 or Holly Lu Conant Rees at [hlu1055@comcast.net](mailto:hlu1055@comcast.net).

Third, there will likely be several bills dealing with issues such as personal assistant services, hearing aids for children, and improving access to home- and community-based services. As with any piece of legislation, if you want to let your thoughts be known, you can contact your legislator(s) directly.

Throughout the legislative session the Coalition will be sending weekly updates on these issues and many more. To receive these updates by e-mail, write to Todd Hash at [todd\\_h@tndisability.org](mailto:todd_h@tndisability.org) or visit

[www.tndisability.org/subscriptions.php](http://www.tndisability.org/subscriptions.php).

To learn more about participating in Disability Days on the Hill or contacting your legislator, contact Courtney Jenkins-Atnip at [Courtney\\_j@tndisability.org](mailto:Courtney_j@tndisability.org) or call her at (615) 383-9442. ■

## The ARC...cont.

The following is a guideline of what counties are encompassed within regions of the state for Disability Days on the Hill.

### West Tennessee Counties:

Benton, Carroll, Chester, Crockett, Decatur, Dyer, Fayette, Gibson, Hardeman, Hardin, Haywood, Henderson, Henry, Houston, Humphreys, Lake, Lauderdale, Madison, McNairy, Obion, Perry, Shelby, Stewart, Tipton, Wayne and Weakley

### Middle Tennessee Counties:

Bedford, Cannon, Cheatham, Clay, Coffee, Davidson, DeKalb, Dickson, Franklin, Giles, Grundy, Hickman, Jackson, Lawrence, Lewis, Lincoln, Macon, Marion, Marshall, Maury, Montgomery, Moore, Overton, Pickett, Putnam, Robertson, Rutherford, Sequatchie, Smith, Sumner, Trousdale, Van Buren, Warren, White, Williamson and Wilson

### East Tennessee Counties:

Anderson, Bledsoe, Blount, Bradley, Campbell, Carter, Claiborne, Cocke, Cumberland, Fentress, Grainger, Greene, Hamblen, Hamilton, Hancock, Hawkins, Jefferson, Johnson, Knox, Loudon, McMinn, Meigs, Monroe, Morgan, Polk, Rhea, Roane, Scott, Sevier, Sullivan, Unicoi, Union, and Washington

For more information on Disability Days on the Hill or if you have questions, contact Peggy Cooper at The Arc of Tennessee by calling 1-800-835-7077, extension 15 or emailing [pcooper@thearctn.org](mailto:pcooper@thearctn.org). ■





There are many acronyms and terms associated with the DMRS. In each issue of *Personally Speaking* we'll serve up a small portion of Division alphabet soup.

**AAMR** American Association on Mental Retardation

**PCP** Primary Care Provider

**SGL** Supervised Group Living

## Here We Are!

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## Personally Speaking Listens!

*Personally Speaking* is a Tennessee Department of Finance and Administration, Division of Mental Retardation Services' bi-monthly publication targeting DMRS stakeholders, which appears on the DMRS website. *Personally Speaking* is written and produced by the DMRS Office of Communications.

Got ideas or opinions? Send them our way!

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